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Selection Processes for Social Security Administration Representative Payees of Adults

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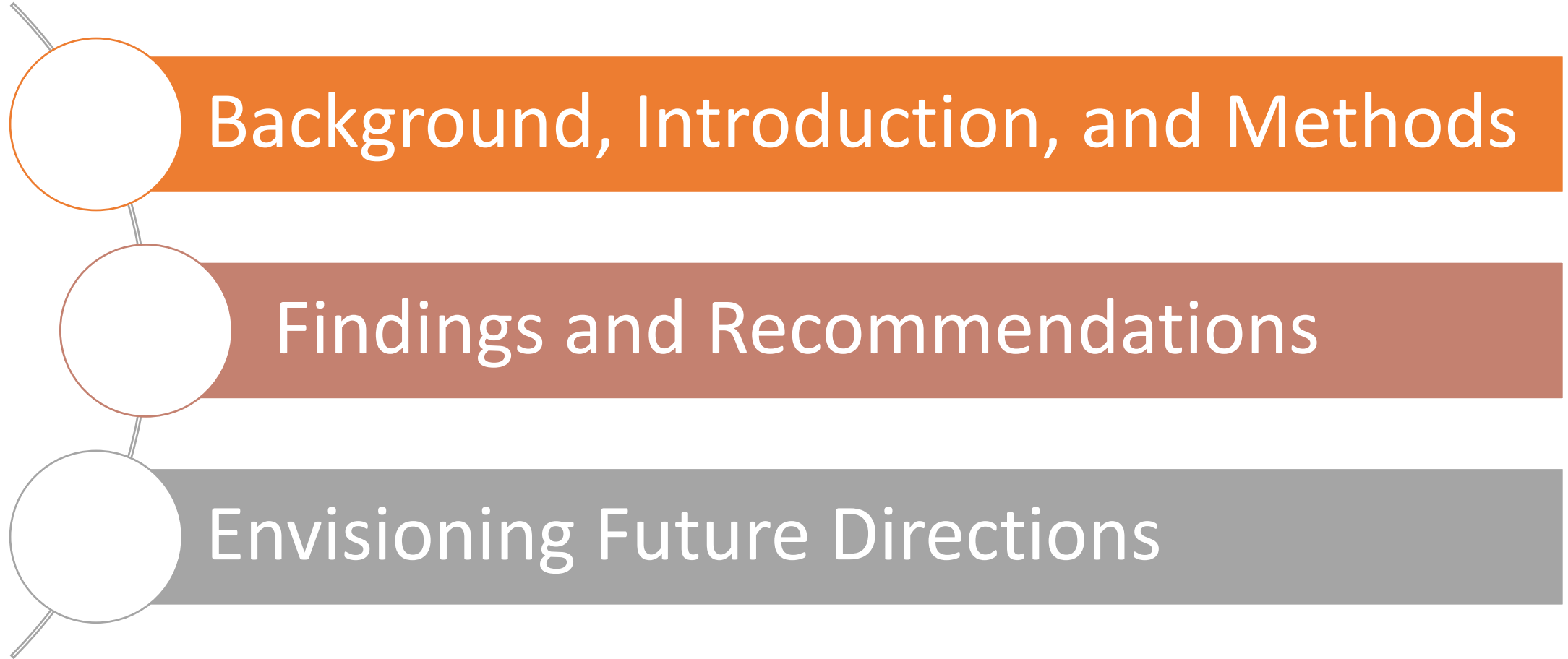
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Social Security Advisory Board Study
VIRTUAL PRESENTATION

Agenda



Timetable Presentation

Topic	Speaker	Minutes	Cumulative Time
Opening Remarks, Background, and Introduction	Pam	5	5
Methods	Laura	5	10
Beneficiary Capability and Payee Selection and External Evidence of Capability	Erica	5	15
Brief Questions		5	20
Casework Quality and Field Office Staff Workload	Pam	5	25
Brief Questions		5	30
Guardians and Organizational Payees	Erica	5	35
Questions		5	40
Institutional Payees and Practice Inconsistencies	Pam	5	45
Wrap Up	Pam	5	50



BACKGROUND AND INTRODUCTION

- The representative payee program provides financial management for Social Security and Supplemental Security Income (SSI) beneficiaries determined incapable of managing their payments.
- The Social Security Administration (SSA) appoints representative payees to receive benefit payments on the beneficiary's behalf and to use the money for the beneficiary's current needs.
- A beneficiary, someone who knows the beneficiary, or a state disability determination service or administrative law judge, may indicate that the beneficiary needs help in managing Social Security or SSI payments.
- Organizational payees include social service agencies, institutions, state or local government agencies, or financial institutions that manage funds for persons who are unable to do so.
 - An *institutional representative payee* is a type of organizational payee that provides care and treatment for beneficiaries who reside in an institution or an off-site facility affiliated with an institution.
 - *Fee-for-service organizational payees* are organizations that are authorized by SSA to collect a fee for providing representative payee services from a beneficiary's monthly Social Security or SSI payment.

METHODS



Phase One Interviews. Members of the team conducted face-to-face interviews with SSA field office employees who select individual and organizational payees for adults. The team used standard qualitative analytic techniques to characterize the experience of the participants.

Phase Two Surveys. For the second phase of data collection, the research team developed potential survey items for each theme derived from analysis of the interviews.

Findings and Recommendations

- 1. Beneficiary Capability and Payee Selection**
- 2. External Evidence of Capability**
- 3. Casework Quality**
- 4. Field Office Staff Workload**
- 5. Guardians as Payees**
- 6. Organizational Payees**
- 7. Institutional Payees**
- 8. Practice Inconsistencies**

Beneficiary Capability and Payee Selection

Findings from the Interviews & NCSSMA Survey

- Availability of Payee
- Meeting with Beneficiary
- Supported Decision-Making

External Evidence of Capability

Findings from the Interviews & NCSSMA Survey

- *DDS Opinions*
 - The interviews and survey findings show a tendency for DDS to raise, but not resolve and pass along to SSA field office staff, the need for a capability decision
- *Medical Form 787*
 - Interview and survey findings show that delays or failure of physicians to return the Medical Form 787 form on beneficiary capability negatively affects the timeliness of selection decisions and can preclude staff consideration of key medical information.

Casework Quality

Findings from the Interviews & NCSSMA Survey

- ❖ Training
- ❖ Case Review
- ❖ Documentation

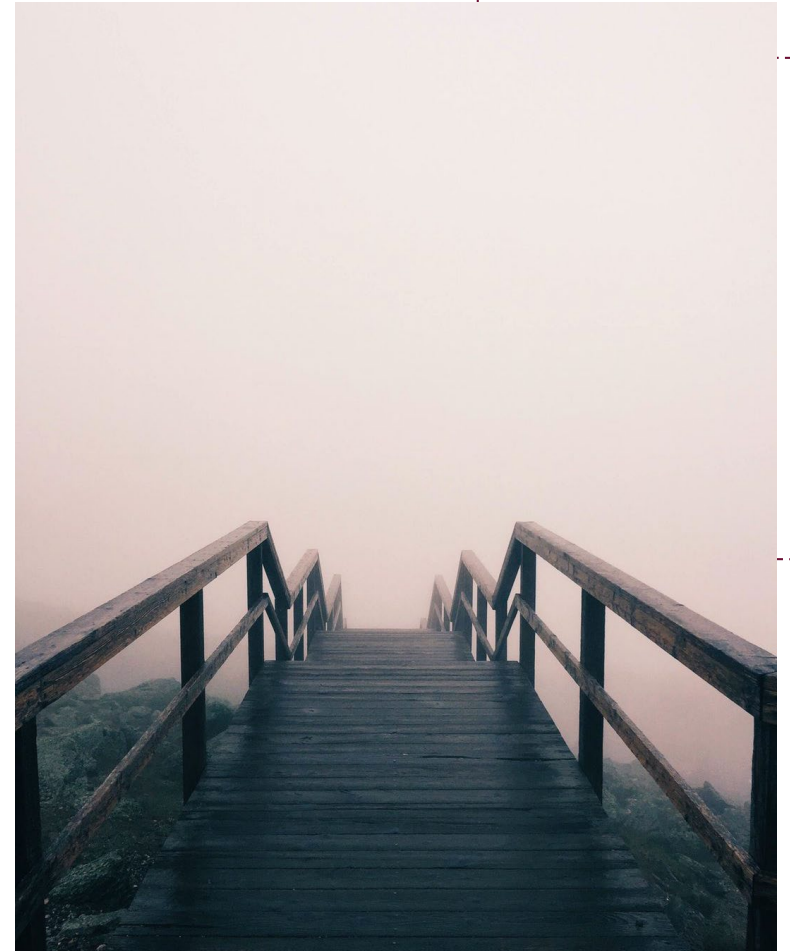
Quality of the process of determining payee selection could be improved by training staff on methods and strategies of payee determination, review of payee cases by managers, and the need for improvements to the electronic system to include documentation of the reasons influencing the payee selection.

Field Office Staff Workload

- ❖ Field Office Staffing
- ❖ Specialization
- ❖ eRPS Software
- ❖ Changes in Payee

GUARDIANS AS PAYEES

- Questioning Guardians for Suitability
- Coordination with Courts



ORGANIZATIONAL PAYEES

- Staffing and Resources of Organizational Payees
- Beneficiary Access to Community Resources
- Fee-for-Service Organizations
- Documentation and Training



Institutional Payees

- ❖ More Tools for SSA Oversight
- ❖ More Information for Families, Facilities
- ❖ Facilities Requiring Own Designation

Practice Inconsistencies

- Additional Staff and Guidance and Training
- Face-to-Face Meetings
- Substance Abuse
- Criminal History



Conclusions



REVISIONS TO THE CURRENT SYSTEM

CHANGES IN POLICY

- Additional research on DDS practices in payee determinations.
- Develop and implement consistent review of payee selection cases.
- Develop and implement consistent requirements for staff documentation of selection decisions.
- Establish criteria for adequate staff and resources for organizational payees
- Prohibit the selection of facilities with contracts requiring the designation of the facility as payee as a condition of admission.
- Conduct regular audits of institutional payees with fewer than 50 residents.
- Staff must meet with both parties, either in-person or through technology.

CHANGES IN POMS GUIDANCE

- Differentiate on POMS Preference List for Adults w/o a Substance Abuse Condition
- Preface the POMS Order of Preference with a statement requiring consideration of beneficiary supports and services.
- Provide guidance to field office staff about criteria for determining the suitability of guardian to be payee.
- Additional policy, guidance in POMS, and training concerning:
 - beneficiary substance abuse.
 - acceptable length of time that a payee with past substance abuse may serve.
 - payee selection if potential payee has committed a crime that is not one of the 12 barred crimes.

CHANGES IN ADMINISTRATION

- Increase field office staffing levels to allow time for more informed payee determinations, given the rights at stake.
- Pilot and evaluate field office staff specialization on payee issues in large offices and at the regional level.
- Increase the number of qualified and effective organizational payees with access to beneficiary resources.
- Identify and prohibit practices of “conduit” or pass-through organizational payees in order to foster payee-beneficiary relationships and improve access to resources for beneficiaries.

CONTACTS AND COMMUNICATION

- Inform the court when a guardian is appointed as payee.
- Develop a process for staff to communicate with the court about the guardian’s performance and suitability to serve as payee.
- Foster field office staff contacts with the state or local long-term care ombudsman program under the Older Americans Act.

REVISIONS TO THE CURRENT SYSTEM

FORMS

- Modify the instructions for the SSA medical form (Form 787) to emphasize assessment of ability to manage or direct the management of financial benefits and the existence of supports and supporters, rather than stating medical diagnoses alone.
- Include on the medical Form 787 a timeframe and rationale for its timely return.

TECHNOLOGICAL CHANGES

- Require field office staff to have a phone call, video call, or face-to-face meeting with beneficiaries, including residents in nursing facilities, before making a capability determination. Encourage technological solutions for personal contact when necessary.
- Resolve technological problems in eRPS so that staff can better input data and document decisions on payee selection.

TRAINING

- Specific training for staff in identifying beneficiary supports and services.
- Training for DDS staff on capability factors and clear written support for any “payee needed” opinions.
- Develop and implement:
 - in-service training for field office staff on payee selection.
 - criteria for regular training and outreach for organizational payees.
 - training materials for institutional payee staff on payee duties and regular training and outreach.
 - information for families and residents about duties of institutional payees.
- Peer discussions for field office staff to share decision-making strategies concerning payee selection.

RESEARCH

- Examine DDS practices in payee determinations.

Envisioning Future Directions

- *To what extent and how can supported decision-making greatly reduce the need for appointment of payees?*
 - What would a greatly reduced program look like? What kinds of oversight and assistance would supporters for beneficiaries require?
- *Can we envision a more person-centered program built around beneficiary self-determination while meeting their needs for resources and support?*
 - What bridges should a renewed program build with the aging network, the disability network, and other human services systems?
- *If implementation of the recommendations for improving the selection process is not feasible, should the payee program be located in another agency outside of SSA?*
 - Such a move should be preceded by determining areas of expertise that are needed in another agency to take on this role.

THANK YOU!

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